The Ties That Bind

9

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Family is not an important thing. It's everything.

–Michael J. Fox

"My family is my life, and everything else comes second as far as what's important to me.

–Michael Imperioli

This is my family. I found it all on my own. It's little, and broken, but still good. Yeah. Still good.

–Stitch

In each of our lives, no group of individuals produces similar levels of simultaneous support, stress, and irritation as those in our own families. To our credit, we generally acknowledge that these people occupy positions worthy of recognition for the value that they provide in our lives. However, no one is perfect and this group is frequently viewed as one that can be ignored or de-prioritized as we seek to further clinical or academic careers. However, it is important to recognize the role of these individuals, value their presence, and cultivate these relationships so that they are present and available when we find ourselves in a place of need. Beyond selfish needs, these individuals also warrant encouragement and support for the sacrifices that they have made and we must measure our careers to ensure our availability for these people.

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First, it is important to acknowledge that creating children can be incredibly difficult and is often a source of unseen pain for many of our colleagues. In one study of veterinarians, 17.5% of mothers reported at least one miscarriage and 17.6% required fertility treatments before ultimately conceiving (Wayne et al. 2020). In physicians, a study published in 2016 reported that nearly 25% have struggled with infertility (Stentz et al. 2016). Another study of women surgeons found that 42% reported a miscarriage and nearly half reported some pregnancy related complications (Rangel et al. 2021). Much of what leads to these difficulties in conception and healthy birth are unclear but delaying childbirth, stress, poor diet, long hours, lack of exercise, and potential workplace exposure may all represent contributing factors. While earlier childbirth is offered as a solution to this problem, fewer women who experienced childbirth during medical school reported an actively supportive workforce (68.2%) versus those who choose to have their children following training (88.6%) (Nytimes.com 2022). This all comes to little solace to those who deeply desire to start a family of their own and, despite Herculean efforts, are just not able to do so.

One of the mistakes far too commonly made is assuming that time spent with family and away from work will negatively impact our training and job performance. Attitudes regarding prioritization of family are tremendously pervasive in our profession and in many cases may discourage our trainees or early-career faculty from initiating family building or limiting the number of children they plan to conceive. In one study of general surgery residents, 42.5% of residents took fewer than 2 weeks of parental leave and many of these residents did not feel supported in their decision to even take leave of any duration. Of those who did take leave, 30.4% did not feel supported by other residents and 32.7% did not feel supported by faculty (Altieri et al. 2019). This is a problem that does not only impact the mothers of young children. A study of general surgery residency program directors revealed that 50% of programs provide only 1 week of paternity time and that these residents are restricted by poorly defined policies and the stigma associated with men taking this time with their newly born children (Castillo-Angeles et al. 2022). This simply does not need to be the case; our trainees and early-career faculty should be allowed the opportunity to cultivate relationships and care for new members of their families. Evidence demonstrating the ability to balance childcare responsibilities and medical training was provided by a study published in 2022. In this multicenter study, ophthalmology residents graduating between 2015 through 2019 were evaluated for the impact of parental leave on physician performance. In this study of 283 residents, 44 took a median of 4.5 weeks of parental leave. Importantly, this study demonstrated that those residents who took parental leave had no difference in research activity, ACGME milestone scores, or surgical procedure volume (Huh et al. 2022).

Unfortunately, the challenges facing new parents does not dissipate once our colleagues return to work. A 2019 study surveyed 413 residents in pediatrics, internal medicine, family medicine, and anesthesiology and found that 92% of mothers encountered difficulties with breastfeeding efforts following a return to work (Ames and Burrows 2019). In addition, 85% of these new mothers found that their mood was negatively impacted by the breastfeeding difficulties that they encountered at

work. One interesting note in this study is that 40% of breastfeeding mothers worried that their pumping negatively impacted the team while only 10% of their co-residents felt the same. Similar findings have been found for medical students, attending physicians, and veterinarians (Wayne et al. 2020; Frolkis et al. 2020). Generally, the factors limiting successful opportunities to engage in pumping activities are inadequate and inaccessible space, time constraints, inflexible scheduling, and lack of colleague support. Even when children are no longer in their infant phase of life, too many mothers have been forced to endure long-lasting discrimination based on their parental status. In one study of veterinary mothers, 72.9% reported maternal discrimination and 58.4% reported at least one instance of workplace inequity based on their status as a mother (Wayne et al. 2020). In another questionnaire study of members of the Facebook Physician Moms Group, maternal discrimination was reported by over two thirds of the 947 respondents and this inequity limited opportunities for advancement, created a difficult work environment, and simultaneously disrupted efforts to create a sustainable work-life balance (Halley et al. 2018). It is easy to see how this "motherhood penalty" can foster feelings of stress, guilt, fear, and ultimately result in financial and career decisions with substantial and lasting implications. Beyond that, many of the study respondents reported that lack of support among colleagues frequently led to situations where the health of the mother had to be sacrificed to satisfy the unequal expectations of colleagues and leadership.

What then can be done about these problems that are too commonly encountered and perpetuated in our workplace? For one, we can normalize discussions of infertility to allow others to know that their struggles are common and have been encountered by countless others. Second, we can recognize that there are many of our colleagues suffering from the unseen pain associated with infertility and pregnancy loss. Finally, we can prioritize efforts to ensure that working parents are supported (via normalizing parental leave and providing an understanding and supportive environment that accommodates the needs of parents of young children) and not penalizing or stigmatizing these individuals because of their status as parents. Only these individuals can decide when they are in the correct season of life for them to assume leadership positions and they should not be denied these opportunities because of their status as parents.

The children of healthcare professionals may also be exposed to a variety of stressors that can have lasting and negative implications (Chesanow 1998). Early on, these children are often forced to come to the realization that the higher calling of their parents requires that they be relegated to second-class attention garnering status. Some healthcare professionals may also have difficulty transitioning from the dynamic that exists with patients to normal and functional familial interactions. Healthcare professionals may suffer from compassion fatigue with little emotional reservoir available to provide emotional support for their children. Finally, the children of healthcare professionals may be exposed to unrealistic and lofty academic and career expectations from their parents. When straight A's and upper 90th percentiles are the expectation and anything less is viewed as a failure, it can be difficult for some children to be seen as worthy or competent. Some of these difficulties

are starting to change as society and healthcare professionals begin to recognize that there is an inherent value associated with creating boundaries and achieving some degree of balance. Ultimately, it is important to consider the impact of our careers on our children and consider how our behavior might impact their eventual well-being.

At this point, it is again critically important to acknowledge that there are many people who do not yet have children, do not want to have children, or who are unable to have children. For these people, you are certainly not bereft of family. For many, their spouse or partner represents the most intense family connection that they will come to experience. These relationships can be incredibly difficult to maintain when one of the pair works in the healthcare setting. Previous research into the arena of stressors encountered when one partner is a physician identified a number of potential pressures that seem to be impacted significantly by the gender of the physician. Both genders reported significant time pressure or that they felt that their careers allowed for insufficient time at home that negatively impacted their relationships with their spouses and children. Women physicians noted that they additionally had little time for themselves because they were also expected to shoulder an unequal share of domestic responsibilities. Men in this study expressed that night calls, on-call requirements, and the telephone were associated with significant interruptions to family life. Women physicians in this study frequently highlighted the challenges they encountered being a physician while also being asked to perform the duties of wife and mother. They pointed out that male physicians frequently benefited to a greater extent from a spouse at home tending to household responsibilities. Both genders felt that they suffered from a lack of support and that men expressed more frustration in not receiving support at home whereas women were more likely to experience stress from a lack of support at work. This same study evaluated stressors experienced by the spouses of these physicians and found that detachment, communication problems, concerns about their spouse's workload and interruptions represented the most common concerns (Rout 1996). In veterinarians, the impact of call shifts has also been found to be a significantly negative factor in the maintenance of intimate relationships and familial connections (Kohan et al. 2021).

Ultimately, the culmination of a relationship that cannot be salvaged is divorce. Divorce is not an uncommon occurrence in our society and general society rates of divorce seem to hover around 50%. Among healthcare professionals, nurses seem to suffer from the highest risk of divorce (33%), followed by dentists (25.2%) and physicians (24.3%) (Ly et al. 2015). For reasons that are unclear, the rate of divorce is significantly lower in healthcare professionals than the general population. Certainly, there are many reasons why healthcare professionals might find themselves in a relationship that is ending. Many of these reasons might be intimately tied to our collective professions and can include things like long and unpredictable hours, stress, and the same reasons why divorce remains incredibly prevalent in general society. If there are abuse or safety concerns, divorce represents an incredibly appropriate route. However, there are likely things that can be done to maintain and strengthen relationships that are struggling. First of all, there are marriage counseling

professionals who are well-trained to speak with couples and help them navigate relationship difficulties. If there are large looming issues, strong consideration should be given to working with these people. Second, efforts to share your work experiences with your partner may provide tremendous benefit because it allows for a newly shared perspective on the challenges encountered in the workplace. In the course of our jobs, we have all witnessed horrible things. Abuse, assault, neglect, and the cruel fates that cause terrible things to happen to patients that are too young or seemingly undeserving of their medical diagnoses. These experiences have every right to impact you and your mood and it can be terribly difficult to leave these experiences within the confines of our work environments. Obviously, we are not able to speak in specifics about what we encounter at work. However, it does no good for our relationships for us to remain sullen and detached without providing a reason for the melancholy. Partners with careers outside of medicine have no concept of what is truly going on behind the walls of our hospitals and clinics. For most of us, we are not working in the world of Grey's Anatomy but our partners have no way of knowing what we are encountering if we are unwilling to open up about what struggles are occurring in the real world of healthcare. In addition, there does need to be some understanding of what those at home are going through. When we are constantly revising our estimated time of arrival, this has a huge impact on the wellbeing of those on the home front. These people are generally excited to see us, have frequently been waiting for longer than expected, and have often needed to upend their plans for the evening or weekend because of our inability to return home at a reasonable and predictable time. In these circumstances, it can be important to remain mindful of how difficult the endless waiting game can be for those at home and exercise compassion and patience if they are occasionally, and legitimately, annoyed.

Finally, we all need people in our lives and therefore should feel free to use the definition of "family" fairly loosely as we seek to fill our lives with those who can fulfill that role. Our work families can be a legitimate source of considerate and long-lasting support. The benefit of this family is that they have served with you on the front lines and share a number of work-related commonalities. In your pursuit of this work family, there can be benefits to seeking opportunities to make connections outside of your traditional profession-based silo. Gaining a diverse perspective from those that you work with allows you to consider additional viewpoints to situations and become a better team player.

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